



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION		Attorney Docket No. SNDK.154US3
TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier Robert F. Wallace
		Title Memory Card Electrical Contact Structure
		Express Mail Label No. EV321716324US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing)</p> <p>2. Application:</p> <p><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 4 pages) Appendix(es) ___, ___, & __ (____ pages)</p> <p><input checked="" type="checkbox"/> Claims (2 pages)</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets 1)</p> <p>4. Oath or Declaration <input type="checkbox"/> unsigned (Total Pages 2) a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>09/590,029</u> Filed on <u>June 7, 2000</u>, entitled: <u>Memory Card Electrical Contact Structure</u>.</p> <p>PRIOR APPLICATION INFORMATION: Examiner <u>Lee, Seung H.</u> Group Art Unit <u>2876</u></p> <p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below</p> <p>36257 PATENT TRADEMARK OFFICE</p> <p>Name Gerald P. Parsons Reg. No. 24,486 Attorneys for Parsons Hsue & de Runtz LLP Applicant Address 655 Montgomery Street, Suite 1800 City San Francisco State CA Zip Code 94111 Country: United States Telephone (415) 318-1160 Fax (415) 693-0194</p>		

03916 U S. PTO
10/639051

08/11/03

Please type a plus sign (+) inside this box ⇒

+

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
4	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	0	x	\$18	=	\$ 0.00
2	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))		+	\$280.00	=		=	
				BASIC FEE (37 CFR 1.16(a))	=	\$ 750.00		
				Total of above Calculations	=	\$750.00		
				Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=			
				TOTAL	=	\$750.00		

20. FEES:

A check is enclosed for \$750.00.

The Commissioner is hereby authorized to credit overpayments or charge the following fees or any additional fees required to Deposit Account No. 502664:

a. Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
b. Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
c. Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 36257 PATENT TRADEMARK OFFICE	<input checked="" type="checkbox"/> New correspondence address below	
NAME	Gerald P. Parsons, Parsons Hsue & de Runtz LLP		
ADDRESS	655 Montgomery Street, Suite 1800		
CITY	San Francisco	STATE	California
COUNTRY	U.S.A.	TELEPHONE	(415) 318-1160
			FAX (415) 693-0194

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP

655 Montgomery Street, Suite 1800

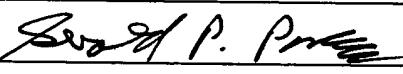
San Francisco, CA 94111

Tel. (415) 318-1160 Fax. (415) 693-0194

Date: August 11, 2003

Name: Gerald P. Parsons Reg. No. 24,486

Signature



Express Mail
Label No. EV321716324US